PART B - FEE(S) TRANSMITTAL

Complete and send this form, together applicable fee(s), to: Mail Mail Stop ISSUL rEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPOND	Ŋ	Note: A certificate of mailing can only be used for domestic mailings of the fee(s) Transmittal. This certificate cannot be used for any other accompanying						
		25	• ~ p	apers. Each addiu	onai paper	, such as an assignmenting or transmission.	nt or formal drawing, m	ust
36335	7590 01/2	7/2009	" 40, "			·		
GE HEALTHO	CARE, INC.	آ ﴿ وَ	hereby certify tha	certificate t this Fee(s	of Malling or Trans s) Transmittal is being	mission g deposited with the Unit	ted	
IP DEPARTME		ت (بير 1 <i>009</i> ك	tates Postal Serviced dressed to the N	e with suf Mail Stop	ficient postage for first ISSUE FEE address	g deposited with the Unit it class mail in an envelo above, or being facsim ate indicated below.	pe	
101 CARNEGII			ansmitted to the U	SPTO (57	1) 273-2885, on the d	ate indicated below.		
PRINCETON, N	NJ 08540-6231	13.	ا /فد	LOR	in A	Maire-	(Depositor's nam	1c)
		ENT.	. And Market			//Plan	(Signutus	re}
		913	AU			91, 27,	200 27 (Da)	10)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO)R	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	Ĭ.
10/582,698 06/13/2006		Eli Ryssdal Andersen		PN03101		6568		
TITLE OF INVENTION: PROCESS FOR THE PRODUCTION OF DTF			•			LI402101 0209		
TITLE OF HAVENTION	. I ROCESS I OR THE	RODUCTION OF BITT	A-DIS ANTI DRIDE			•		
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	E PREV. PAID IS	SILE ERE	TOTAL FEE(S) DUE	DATE DUE	7
nonprovisional	NO	\$1510	\$300					
· · · · · · · · · · · · · · · · · · ·			3300	_			126 50286 ^{57/20} 10582	698
EXAMINER		ART UNIT	CLASS-SUBCLASS	01 F	FC:1501 FC:1504	1510.00 [A	
PERREIRA, MELISSA JEAN		1618	424-001650	OC.	rc:1304	300.00 I	A	
1. Change of corresponde CFR 1.363).	ence address or indicatio	n of "Fee Address" (37	2. For printing on the	patent front page	, list	Cari	· Billio	_ /
Change of correspondence address (or Change of Correspondence			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
Address form PTO/SB/122) attached.								
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3					
Number is required.			listed, no name will be printed.					
		TO BE PRINTED ON T	•					_
PLEASE NOTE: Unl	ess an assignee is identi h in 37 CFR 3.11. Come	fied below, no assignee eletion of this form is NO	data will appear on the T a substitute for filing a	patent. If an assi	gnee is ide	entified below, the do	cument has been filed f	or
(A) NAME OF ASSIG		(B) RESIDENCE: (CITY and STATE OR COUNTRY)						
BE HO	ALTHEARE	AC		19810	1	ORWAL		
			•			,	_	
Please check the appropri	iate assignee category or	categories (will not be pr	inted on the patent):	Individual 🕒	Corporatio	on or other private gro	up entity 🔲 Governmen	nt
4a. The following fee(s) a	are submitted:	4b	. Payment of Fee(s): (PI	ease first reapply	any neevi	onsly paid issue fee s	hawn shove)	
1 Sparte Fee			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.					
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies			The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 2024(5) (enclose an extra copy of this form).					
5. Change in Entity Stat	us (from status indicated	Labove)				- C.	chartopy of the torm,	-
	SMALL ENTRY statu	•	☐ b. Applicant is no lo	nger claiming SM	ALL ENT	ITY status, See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee and	Publication Fee (i) regressed by	ired) will not be accepted						in
	Secretary and Office State	So y main and Trauchiaik						
Authorized Signature				Date	1401	211 27,0	200 3	
Typed or printed name	CRAIGH	Schlken				52628		
This collection of informs	ation is required by 37 C	FR 1.311. The Information	n is required to obtain or	retain a benefit b	y the public	c which is to file (and	by the USPTO to process	<u>.</u>

Inis confection of information is required by 37 CFR 1.311. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR T.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.